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Creating a culture of health in the community


The Community Health Needs Assessment (CHNA) uses a systematic, comprehensive data collection and analysis to define priorities for health improvement, creates a collaborative community environment to engage stakeholders, and an open and transparent process to listen and truly understand the health needs of White County, Tennessee.
About Saint Thomas Health
Saint Thomas Health (STH) is Middle Tennessee’s faith-based, not-for-profit health care system united as one healing community. Saint Thomas Health is focused on transforming the healthcare experience and helping people live healthier lives, with special attention to the poor and vulnerable. The regional health system includes nine hospitals: Saint Thomas Midtown Hospital, Saint Thomas West Hospital and Saint Thomas Hospital for Specialty Surgery in Nashville, Saint Thomas Rutherford Hospital in Murfreesboro, Saint Thomas Hickman Hospital in Centerville, Saint Thomas DeKalb Hospital in Smithville, Saint Thomas River Park Hospital in McMinnville, Saint Thomas Stones River Hospital in Woodbury, and Saint Thomas Highlands Hospital in Sparta. A comprehensive network of affiliated joint ventures, medical practices, clinics and rehabilitation facilities complements the hospital services. Saint Thomas Health is part of Ascension, a Catholic organization that is the largest not-for-profit health system in the United States.

About Saint Thomas Highlands Hospital
Saint Thomas Highlands Hospital is a 60 licensed bed hospital located in Sparta, Tennessee. It provides a comprehensive range of medical services and high quality care serving the people of White County.

About Ascension
Ascension (www.ascension.org) is a faith-based healthcare organization dedicated to transformation through innovation across the continuum of care. As the largest non-profit health system in the U.S. and the world’s largest Catholic health system, Ascension is committed to delivering compassionate, personalized care to all, with special attention to persons living in poverty and those most vulnerable. In FY2018, Ascension provided nearly $2 billion in care of persons living in poverty and other community benefit programs. Ascension includes approximately 156,000 associates and 34,000 aligned providers. Ascension’s Healthcare Division operates more than 2,600 sites of care – including 151 hospitals and more than 50 senior living facilities – in 21 states and the District of Columbia, while its Solutions Division provides a variety of services and solutions including physician practice management, venture capital investing, investment management, biomedical engineering, facilities management, clinical care management, information services, risk management, and contracting through Ascension’s own group purchasing organization.
2019 Community Health Needs Assessment

Saint Thomas Highlands Hospital as the sponsor of the assessment, engaged national leaders in community health needs assessments to assist in the project. Stratasan, a healthcare analytics and facilitation company based out of Nashville, Tennessee, provided the analysis of community health data, facilitated the focus group, conducted some interviews and facilitated a community health summit to receive community input into the priorities and brainstorm community assets and how they might assist with the top priorities.

This CHNA assesses health in White County, the primary service area of Saint Thomas Highlands Hospital.

Starting on July 1, 2019 this report is made widely available to the community via Saint Thomas Highlands Hospital’s website, https://www.sthealth.com/about-us/mission-integration/community-health/community-health-needs-assessment and paper copies are available free of charge at Saint Thomas Highlands Hospital, 401 Sewell Road, Sparta, TN 38583 or by phone (931) 738-9211.

PROJECT GOALS

1. To continue a formal and comprehensive community health assessment process which allows for the identification and prioritization of significant health needs of the community to assist with resource allocation, informed decision-making and collective action that will improve health.

2. To continue a collaborative partnership between all stakeholders in the community by seeking input from persons who represent the broad interests of the community.

3. To support the existing infrastructure and utilize resources available in the community to instigate health improvement in the community.
We initiated the Community Health Needs Assessment with the goal to assess the health and needs of the community and create a coalition to address those needs. This process is an affirmation of what we’ve been doing and has increased awareness of available resources,” said Tracey Biles, Director, Mission Integration, Saint Thomas Health.

“The information gathered both from public health data and from community stakeholders provided the insight the community needed to set priorities for significant health issues and will be used by the community to inform and support our implementation plans,” added Richard Tumlin, CAO, Saint Thomas Highlands Hospital.

Photo Credit White County Website
Community

Input and Collaboration

Data Collection and Timeline

In January 2019, Saint Thomas Highlands Hospital began a Community Health Needs Assessment for White County. Saint Thomas Highlands Hospital sought input from persons who represent the broad interests of the community using several methods:

• 23 community members, not-for-profit organizations (representing medically underserved, low-income, minority populations, and the elderly), health providers, local government, businesses and clergy, participated in a focus group and individual interviews for their perspectives on community health needs and issues on January 16th, and February 22nd, 2019.

• Information gathering, using secondary public health sources, occurred in January, 2019.

• An on-line community survey was conducted from October 22nd, 2018 – January 25th, 2019. 262 surveys were completed.

• A Community Health Summit was conducted on March 25th, 2019 with 15 community stakeholders. The audience consisted of healthcare providers, business leaders, government representatives, schools, not-for-profit organizations, employers and other community members.
Participants

Twenty-eight individuals from twenty-one community and healthcare organizations collaborated to implement a comprehensive CHNA process focused on identifying and defining significant health needs, issues, and concerns of White County. In order to create a plan to improve the health of the community, Saint Thomas spent three months engaging stakeholders who represented broad interests, provided direction, and gave context to the needs of the community.
Participation in the focus groups and at the Community Health Summit creating the White County Community Health Needs Assessment and Improvement Plan included:

<table>
<thead>
<tr>
<th>Organization</th>
<th>Population Represented (kids, low income, minorities, those w/o access)</th>
<th>Participation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chamber of Commerce</td>
<td>All</td>
<td>Interview, summit</td>
</tr>
<tr>
<td>Clean Heart Christian Ministries</td>
<td>All</td>
<td>Interview, summit</td>
</tr>
<tr>
<td>Congressman</td>
<td>All</td>
<td>Summit</td>
</tr>
<tr>
<td>Coordinated school health</td>
<td>Youth</td>
<td>Interview</td>
</tr>
<tr>
<td>County executive</td>
<td>All</td>
<td>Interview</td>
</tr>
<tr>
<td>EMS director</td>
<td>All</td>
<td>Interview</td>
</tr>
<tr>
<td>Fast Pace Urgent Care</td>
<td>Those without access</td>
<td>Summit</td>
</tr>
<tr>
<td>Pistole Baptist Church</td>
<td>All</td>
<td>Interview</td>
</tr>
<tr>
<td>Saint Thomas Health</td>
<td>All</td>
<td>Summit</td>
</tr>
<tr>
<td>Saint Thomas Highlands Hospital</td>
<td>All</td>
<td>Summit</td>
</tr>
<tr>
<td>Saint Thomas Medical Partners</td>
<td>All</td>
<td>Summit</td>
</tr>
<tr>
<td>Saint Thomas volunteer</td>
<td>All</td>
<td>Interview</td>
</tr>
<tr>
<td>Senior center director</td>
<td>Seniors</td>
<td>Interview</td>
</tr>
<tr>
<td>Sheriff</td>
<td>All</td>
<td>Interview</td>
</tr>
<tr>
<td>Suncrest Home Health</td>
<td>Geriatric</td>
<td>Summit</td>
</tr>
<tr>
<td>The Expositor</td>
<td>All</td>
<td>Interview</td>
</tr>
<tr>
<td>Upper Cumberland Human Resource Agency</td>
<td>All</td>
<td>Summit</td>
</tr>
<tr>
<td>Veterans Services</td>
<td>Veterans</td>
<td>Interview</td>
</tr>
<tr>
<td>White County Health Department</td>
<td>All</td>
<td>Summit</td>
</tr>
<tr>
<td>White County Senior Center (15 participants)</td>
<td>Seniors</td>
<td>Focus group</td>
</tr>
<tr>
<td>Youth services officer</td>
<td>Youth</td>
<td>Interview, summit</td>
</tr>
</tbody>
</table>

In many cases, several representatives from each organization participated.
Input of the Medically Underserved, Low-income, and Minority Populations

Input of medically underserved, low-income and minority populations was received during the focus groups, interviews, and the Community Health Summit. Agencies representing these population groups were intentionally invited to the focus group, interviews and Summit.

Community Engagement and Transparency

Many members of the community participated in the focus group, individual interviews, and the Summit. We are pleased to share the results of the Community Health Needs Assessment with the rest of the community in hopes of attracting more advocates and volunteers to improve the health of White County. The following pages highlight key findings of the assessment. The comprehensive data analysis may be obtained via a PDF on the website or by contacting Saint Thomas Highlands Hospital.

Public comments were available in the previous 2016 CHNA report but no comments or suggestions were made.

Community Selected for Assessment

White County was the primary focus of the CHNA due to the service area of Saint Thomas Highlands Hospital. 66% of Saint Thomas Highlands Hospital inpatients come from White County. The community includes medically underserved, low-income and minority populations who live in the geographic areas from which Saint Thomas Highlands Hospital draws its patients. All patients were used to determine the service area without regard to insurance coverage or eligibility for financial assistance under Saint Thomas Highlands Hospital’s Financial Assistance Policy.

Saint Thomas Highlands Hospital - 2017

Source: Stratasan (2018)
Key Findings

Community Health Assessment

Based on the primary and secondary data collected, the following needs were prioritized by attendees at the Community Health Summit. The remainder of the document outlines the process and data.

1. Substance abuse including smoking/ nicotine
2. Obesity
3. Access to care
4. Kids/ poverty
5. Chronic diseases

Process and Methods

Both primary and secondary data sources were used in the CHNA.

Primary methods included:

• Community focus group
• Individual interviews with community members
• On-line community survey
• Community Health Summit

Secondary methods included:

• Public health data – death statistics, County Health Rankings
• Demographics – population, poverty, uninsured
• Psychographics – behavior measured by spending and media preferences

Photo Credit Stratasan
Demographics of the Community 2018-2023

The table below shows the demographic summary of White County compared to Tennessee and the U.S.

<table>
<thead>
<tr>
<th>Population</th>
<th>White County</th>
<th>Tennessee</th>
<th>USA</th>
</tr>
</thead>
<tbody>
<tr>
<td>26,969</td>
<td>6,818,402</td>
<td>330,088,686</td>
<td></td>
</tr>
<tr>
<td>Median Age</td>
<td>43.7</td>
<td>39.4</td>
<td>38.3</td>
</tr>
<tr>
<td>Median Household Income</td>
<td>$38,133</td>
<td>$49,776</td>
<td>$58,100</td>
</tr>
<tr>
<td>Annual Pop. Growth (2018-2023)</td>
<td>0.56%</td>
<td>0.89%</td>
<td>0.83%</td>
</tr>
<tr>
<td>Household Population</td>
<td>10,623</td>
<td>2,671,026</td>
<td>124,110,001</td>
</tr>
<tr>
<td>Dominant Tapestry</td>
<td>Rooted Rural (10B)</td>
<td>Rooted Rural (10B)</td>
<td>Green Acres (6A)</td>
</tr>
<tr>
<td>Businesses</td>
<td>790</td>
<td>227,771</td>
<td>11,539,737</td>
</tr>
<tr>
<td>Employees</td>
<td>7,575</td>
<td>3,172,301</td>
<td>151,173,763</td>
</tr>
<tr>
<td>Medical Care Index*</td>
<td>79</td>
<td>89</td>
<td>100</td>
</tr>
<tr>
<td>Average Medical Expenditures</td>
<td>$1,538</td>
<td>$1,733</td>
<td>$1,950</td>
</tr>
<tr>
<td>Total Medical Expenditures</td>
<td>$16.3 M</td>
<td>$4.6 B</td>
<td>$242.0 B</td>
</tr>
</tbody>
</table>

### Racial and Ethnic Make-up

<table>
<thead>
<tr>
<th>Race</th>
<th>White County</th>
<th>Tennessee</th>
<th>USA</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>95%</td>
<td>76%</td>
<td>70%</td>
</tr>
<tr>
<td>Black</td>
<td>2%</td>
<td>17%</td>
<td>13%</td>
</tr>
<tr>
<td>American Indian</td>
<td>1%</td>
<td>0%</td>
<td>1%</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>0%</td>
<td>2%</td>
<td>6%</td>
</tr>
<tr>
<td>Other</td>
<td>1%</td>
<td>3%</td>
<td>7%</td>
</tr>
<tr>
<td>Mixed Race</td>
<td>2%</td>
<td>2%</td>
<td>3%</td>
</tr>
<tr>
<td>Hispanic Origin</td>
<td>3%</td>
<td>6%</td>
<td>18%</td>
</tr>
</tbody>
</table>

*The Medical Care Index is household-based, and represents the amount spent out of pocket for medical services relative to a national index of 100.

Source: ESRI

1The median is the value at the midpoint of a frequency. There is an equal probability of falling above or below the median.
• The population of White County was projected to increase from 2018 to 2023 (0.56% per year). Tennessee was projected to increase 0.89% per year. The U.S. was projected to increase 0.83% per year.

• White County had a higher median age (43.7 median age) than TN, (39.4) and the U.S. (38.3).

• White County percentage of the population 65 and over was 20.5%, higher than the U.S. population 65 and over at 16%.

• White County had lower median household income at $38,133 than TN ($49,776) and the U.S. ($58,100).

• The rate of poverty in White County was 17.7% which was higher than TN (15.8%) and the U.S (14%).

• The household income distribution of White County was 10% higher income (over $100,000), 60% middle income and 30% lower income (under $24,999).

• The medical care index measures how much the population spent out-of-pocket on medical care services. The U.S. index was 100. White County was 79, indicating 21% less spent out of pocket than the average U.S. household on medical care (doctor’s office visits, prescriptions, hospital visits).

• The racial and ethnic make-up of White County was 95% White, 3% Hispanic Origin, 2% Black, 2% mixed race, 1% American Indian, and 1% other. (These percentages total to over 100% because Hispanic is an ethnicity, not a race.)

• 11% of the population in White County were uninsured.

2018 Population by Census Tract and Change (2018-2023)

Source: ESRI

Yellow is positive up to the TN growth rate
Green is greater than the TN growth rate
Dark Green is twice the TN growth rate
Census tracts generally have a population size between 1,200 and 8,000 people, with an optimum size of 4,000 people. The census tract surrounding the hospital and the tract in the northern region of the county had the largest total populations ranging from 5,000-6,999. The southwest region and western portion of White County had the lowest total population ranging from 1-3,499. The tracts in southeast region of the county had total populations ranging from 3,500-4,999. The tract in the north region of the county is expected to experience an annual growth rate of .90 - 1.78% which is greater than the TN growth rate. The remainder of the county was projected to increase up to the TN growth rate.

**2018 Median Age & Income**

These maps depict median age and median income by census tract. Looking at age and income by census tract is helpful to demonstrate all areas of a county are not the same. The tracts in the northwest region of the county, including the tract surrounding the hospital had median ages ranging from 42-44. The tracts in the southeast region of the county had slightly higher median ages of 44 and 45.

Looking at median household income by census tract can help determine different community needs within the county. The tract surrounding the hospital had a median household income of $39,400. The tract in the middle of the county, directly south of the hospital, had the lowest median household income of $29,500. The tracts in the west region of the county had median household incomes ranging from $33,600 - $38,700. The tracts in the north and east region of the county had the highest median household incomes ranging from $40,200 - $41,500.

Additionally, White County’s September 2018 preliminary unemployment was 3.9%, compared to 3.7% for Tennessee and the U.S. These figures do not include those who have ceased looking for work and dropped out of the workforce. However, indications are these people have begun to reenter the workforce.

The cost of living was lower in White County (84 index) than the U.S. and Tennessee (96 index). The median home cost was much lower in White County ($104,300) than Tennessee ($156,800) and the U.S. ($216,200).
**Business Profile**

64.4% of employees in White County were employed in:

- Manufacturing (22.4%)
- Health care & social assistance (14.5%)
- Retail trade (13%)
- Education Services (8.2%)
- Public administration (6.3%)

Retail trade offers health insurance at a lower rate than healthcare, public administration and educational services. Many residents leave the county for retail shopping, thus harming the county’s ability to build retail/dining, which could make leaving for healthcare easier. White County lost 1,878 net commuters per day commuting outside the county for work, with 3,629 commuting out of the county and 1,751 commuting into the county.

**Tapestry Segmentation**

The dominant Tapestry Segments in White County were Rooted Rural (60%), Small Town Simplicity (16%), and Southern Satellites (13%). There is a very brief description of the segments on the right of the map and on the next two pages. There is much more information on Tapestry Segments, at [http://doc.arcgis.com/en/esri-demographics/data/tapestry-segmentation.htm](http://doc.arcgis.com/en/esri-demographics/data/tapestry-segmentation.htm).

Studying the Tapestry Segments in the study area help determine health habits and communication preferences of residents enabling more effective communication and implementation of solutions.

Demographics are population, age, sex, race. Psychographics are adding behavior data in the form of spending habits and survey data on top of demographics. 89% of households in White County are included in these three Tapestry Segments. The map is color coded by LifeMode, which are groupings of Tapestry Segments that behave similarly.
**WHO ARE WE?**

*Rooted Rural* is heavily concentrated in the Appalachian mountain range as well as in Texas and Arkansas. Employment in the forestry industry is common, and Rooted Rural residents live in many of the heavily forested regions of the country. Nearly 9 of 10 residents are non-Hispanic whites. This group enjoys time spent outdoors, hunting, fishing, or working in their gardens. Indoors, they enjoy watching television with a spouse and spending time with their pets. When shopping, they look for American-made and generic products. These communities are heavily influenced by religious faith, traditional gender roles, and family history.

**OUR NEIGHBORHOOD**

- This market is dominated by married couples, fewer with children at home.
- 80% of homes are owner occupied: primarily single family (79%) or mobile homes (24%).
- Nearly one in five housing units are vacant, with a high proportion for seasonal use.
- Home values are very low—almost half of owned homes are valued under $100,000.

**SOCIOECONOMIC TRAITS**

- Thrifty shoppers that use coupons frequently and buy generic goods.
- Far-right political values on religion and marriage.
- Do-it-yourself mentality; grow their own food and work on their cars and ATVs.
- Pay bills in person and avoid using the Internet for financial transactions.
- Often finch computers and cell phones too complicated and confusing.
- Clothes a necessity, not a fashion statement; only buy new clothes when old clothes wear out.

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**WHO ARE WE?**

*Small Town Simplicity* includes young families and senior householders that are bound by community ties. The lifestyle is down-to-earth and semirural, with television for entertainment and news, and, with both young parents and senior citizens. Residents embark on pursuits including online computer games, renting movies, indoor gardening, and rural activities like hunting and fishing. Since 1 in 4 households is below poverty level, residents also keep their finances simple—paying bills in person and avoiding debt.

**OUR NEIGHBORHOOD**

- They reside in small towns or semirural neighborhoods, mostly outside metropolitan areas.
- Homes are a mix of older single-family houses (61%), apartments, and mobile homes.
- Half of all homes are owner-occupied (Index 79).
- Median home value of $92,300 is about half the US median.
- Average rent is $639 (Index 62).
- This is an older market, with half of the householders aged 55 years or older, and predominantly single-person households (Index 139).

**SOCIOECONOMIC TRAITS**

- Education: 67% with high school diploma or some college.
- Unemployment higher at 7.7% (Index 141).
- Labor force participation lower at 52% (Index 83), which could result from lack of jobs or retirement.
- Income from wages and salaries (Index 83), Social Security (Index 133) or retirement (Index 161), increased by Supplemental Security Income (Index 183).
- Price-conscious consumers that shop accordingly, with coupons at discount centers.
- Connected, but not to the latest or greatest gadgets; keep their landlines.
- Community-oriented residents; more conservative than middle-of-the-road.
- Rely on television or newspapers to stay informed.
WHO ARE WE?
Southern Satellites is the second largest market found in rural settlements but within metropolitan areas located primarily in the South. This market is typically nondiverse, slightly older, settled married-couple families, who own their homes. Two-thirds of the homes are single-family structures; almost a third are mobile homes. Median household income and home value are below average. Workers are employed in a variety of industries, such as manufacturing, health care, retail trade, and construction, with higher proportions in mining and agriculture than the US. Residents enjoy country living, preferring outdoor activities and DIY home projects.

OUR NEIGHBORHOOD
• About 78% of households are owned.
• Married couples with no children are the dominant household type, with a number of multigenerational households (Index 112).
• Most are single-family homes (67%), with a number of mobile homes (Index 509).
• Most housing units were built in 1970 or later.
• Most households own 1 or 2 vehicles, but owning 3+ vehicles is common (Index 144).

SOCIOECONOMIC TRAITS
• Education: almost 40% have a high school diploma only (Index 140); 45% have college education (Index 73).
• Unemployment rate is 6%, slightly higher than the US rate.
• Labor force participation rate is 59.1%, slightly lower than the US.
• These consumers are more concerned about cost rather than quality or brand loyalty.
• They tend to be somewhat late in adapting to technology.
• They obtain a disproportionate amount of their information from TV, compared to other media.
Community Input: Focus Group, Interviews

Focus Group and Interview Results

Twenty-three community stakeholders representing the broad interests of the community participated in a focus group and individual interviews on January 16th and February 22nd, 2019.

Community participation in the focus group and interviews represented a broad range of interests and backgrounds. Below is a summary of the 90-minute focus group discussion and individual interviews.

1. How do you define health?
   • Overall wellbeing, physical, mental, spiritual
   • Not sick
   • Able to get up and go
   • Poor, fair, good
   • Live to be old
   • Mobility, not in pain, cognitive function

2. Generally, how would you describe the community’s health?
   • Fair, maybe above average
   • Rural community: health issues maybe worse, but spiritually, maybe better
   • 1/3 of the population doesn’t get proper nutrition
   • Employers starving for employees that can pass a drug test
   • Need geriatric care - retirees are moving in
   • Good except cancer

3. Based on your experience, what are the top community issues facing White County today?
   • Homelessness – 9 homeless living in tents, with others living along the water in the wilderness area
   • Food at the senior center
   • Mental health, mental illness
   • Physical inactivity
   • Obesity
   • Uninsured
   • The hospital has improved health in the community
   • Decline in local services offered, must leave county to get services
   • Employment in the healthcare industry – CNA programs harder to enter
   • Diabetes education
   • Tobacco use
   • Substance abuse education
   • Lack of grocery stores locally/ healthy nutrition
   • Lack of restaurants
   • Substance abuse – prescription medications, methamphetamine, heroine
   • Lack of physical fitness – Need more PE in schools
   • Welfare recipients should be required to pass a drug test to receive benefits
   • Landfill
   • Food insecurity/ hunger
   • Roads
4. What are the most important health issues facing White County?
   • Opioid drug addiction, drug abuse
   • Dental care
   • Mental health – depression, bipolar
   • Lack of health insurance
   • Lack of education
   • Need more specialists: cardiology, urology, cardiac rehab, cancer resources
   • Drug costs are too high
   • Hospital should provide more education programs on diabetes and heart disease
   • Wellness center is needed at the hospital
   • Need more private physical therapy
   • Cost of healthcare
   • Diabetes
   • Aging population
   • Obesity
   • Wait times to get healthcare
   • Inappropriate use of EMS, and ERs (for non emergency)

5. What are the biggest health issues for low income, medically underserved or minority populations?
   • Substance abuse
   • Cycle of poverty
   • Mental health issues
   • Not meeting basic needs- clothing, shoes, coats
   • Lack of affordable, accessible food
   • Lack of insurance
   • Malnourished/ hunger

6. What are the most important health issues for children?
   • Broken homes cause lots of health issues, emotional and physical
   • Vaping/smoking
   • Drugs
   • Domestic abuse
   • Lack of good education in schools
   • Cycle of poverty

7. What are the most important health issues for seniors?
   • Feel like they’re not represented well – have to choose between drugs and utilities
   • Fixed income
   • Grandparents taking care of grandkids
   • Cancer
   • Obesity
   • Dementia
   • Alzheimer’s Disease
   • Abuse
   • Can’t go out at night- dangerous
   • Lack of food/ basic needs
   • Elderly living in isolation
Focus Group and Interview Results cont.

8. The community performed a CHNA in 2016 and identified priorities for health improvement:
   - Substance abuse and mental health
   - Obesity
   - Access to care
   - Social determinants

What has improved?
   - General care, everyday care has gotten better. People are going to their doctor.
   - The personal care at the hospital
   - Improvements in poverty with the increase in jobs

What has worsened?
   - Addiction issues—opioids, methamphetamine, heroin
   - Population is aging without proper services set up

9. What behaviors have the most negative impact on health?
   - Tobacco, vaping, smoking
   - Isolated in a rural area
   - Fast food obsessed
   - Drinking
   - Drugs
   - Lack of exercise
   - Lack of interest in personal health
   - Lack of resources, education, and information

10. What environmental factors have the biggest impact on community health?
    - Free state parks
    - Jobs in the market have issues with air quality and physical stress on workers who stand on concrete all day
    - Natural resources—hiking, walks, waterfalls, water, rivers, kayaking, lakes
    - No community garden
    - Walking path, all access sidewalks
    - Track at high school
    - YMCA
    - Activities at the senior center—exercise, dances, karaoke, parties
    - Lack of youth activities

11. Where do members of the community turn for basic healthcare needs?
    - Local doctors, some new doctors
    - Cookeville or Nashville
    - Some go to the ER when it’s not necessary
    - Urgent care
Focus Group and Interview Results cont.

12. What do you think are the obstacles or barriers to addressing these issues?
   • Reluctance, attitude, embarrassment, and stigmas
   • Government- insurance, taxes
   • No local specialists, must travel outside the community for care
   • Illiteracy and lack of education
   • Money/ funding
   • Lack of information and communication
   • Ability to pass drug tests for employment
   • Access to resources
   • Continued education
   • Access to mental health providers
   • Size of the county
   • Limitations of the hospital
   • Lack of affordable accessible grocery stores with healthy food
   • Need more places to eat
   • Poverty/cycle of poverty
   • Domestic abuse
   • Individual motivation to change

Photo Credit White County Website
Focus Group and Interview Results cont.

13. What community assets support health and well-being?

- Natural resources, parks, lakes, fitness centers, kayaking, biking, hiking, waterfalls, golf course, Little League
- People that care and are invested in the community
- Saint Thomas Hospital
- Clean Heart Ministries
- 1,000 for 1,000 Socks and Shoes Program
- Churches; Ministerial Association
- Second Harvest Food Bank
- Jail ministry
- Rescue squad, police, fire, and hospital are all working together for the good of the community
- Warrior academy- alternative education
- Health Connect of America
- Food distribution
- Help center sponsored by Ministerial Association
- Flyers, word of mouth, newspapers, Facebook
- High school graduation rates
- Lower income inequality and cost of living
- Lower violent crime rate than TN
- Green market/ farmers market
- Blue grass musician festival
- New SRO program- normalize relationship between police and youth
- Career academy- helps people increase skillsets
- Senior Center assistance
- Lawyer Ferran- elder lawyer comes to Senior center
- Path at the civic center
- Drawing people in from out of state- good place to live, low taxes, weather, cheap housing
- YMCA, CrossFit studio
- Upper Cumberland Human Resource Agency
- Gig community
- Have more mental health services
- Library
Focus Group and Interview Results cont.

14. If you had a magic wand, what priority health improvement action should White County focus on?
   - Addiction, drug and alcohol free community
   - Increase access to mental health services
   - Increase education opportunities- tobacco, substance abuse, mental health, health education
   - Reduce obesity/ physical inactivity
   - Better education/ school system
   - Increase standard of living/ increase wages for everyone
   - Economic development
   - More soup kitchens
   - Dental care
   - More specialty services/ providers/ health services
   - Have open enrollment to apply for healthcare and grants assistance
   - More industry
   - Better rural roads
   - Revitalize the town square
   - Better communication of resources
   - Require welfare recipients to be drug tested to be eligible
   - Saint Thomas should hire a PR person to stayed in touch with community
   - Health council
   - Hold smoking cessation classes at the hospital regularly
   - Activities for younger people
   - Go into low income communities and take health care medical mission
   - More restaurants
   - Pain clinics to reduce opioids
   - More local rehab services
   - Promote health partnering across multiple groups
   - State should expand Medicaid, utilize tax dollars better
   - Increase transportation

Photo Credit Savannah Saint Patrick’s Day Website
**Survey Process**

A survey was placed online and DeKalb County residents were encouraged to complete the online survey. The survey was opened on October 22, 2018 and closed January 25, 2019. 262 surveys were completed.

**Survey Demographics**

### Gender

- Male: 23%
- Female: 77%

*This survey skewed more female than the general population.*

### Age

- Under 18: 0%
- 18 to 24: 3%
- 25 to 34: 10%
- 35 to 44: 24%
- 45 to 54: 26%
- 55 to 64: 20%
- 65 to 74: 14%
- 75 or older: 3%

**Which of the following includes your annual household income?**

- Less than $25,000: 16%
- $25,000 to $49,999: 21%
- $50,000 to $74,999: 21%
- $75,000 to $99,999: 15%
- $100,000 to $149,999: 12%
- $150,000 or more: 3%
- Decline to answer: 12%
What is the highest level of education that you have completed?

- Less than High School: 2%
- High School: 22%
- Trade or technical school or union apprenticeship: 10%
- Some College: 16%
- College (Associate's Degree): 9%
- College (Bachelor's Degree): 21%
- Graduate school: 18%
- Decline to answer: 2%

Which of the following best describes your health insurance situation?

- Private insurance through my employer or my spouse's employer: 59%
- Medicare with Supplement: 17%
- Private insurance – self-paid: 7%
- Government insurance: 5%
- Medicare Only: 3%
- I have no insurance: 3%
- Insurance from the Military (Tri-care, etc.): 2%
- Medicaid: 2%
- Other: 1%

48% indicated they had a high deductible health plan. 59% indicated they had private insurance through their employer or their spouse’s employer.

Health Status

Generally, how would you describe your health?

- Poor: 2%
- Fair: 18%
- Good: 66%
- Excellent: 14%

20% described their health as poor or fair. 80% described their health as good or excellent.
Healthcare Needs

If you have one person or group you turn to for basic healthcare needs, where do you most go most often?

- My primary care doctor or family physician: 82%
- Urgent care center: 23%
- Hospital (including the ER): 5%
- Alternative healthcare providers (chiropractors, etc.): 4%
- I do not have a healthcare provider: 4%
- Use Specialist as PCP: 3%
- Health department: 3%
- Retail clinic (CVS, Walgreens, Little Clinic, etc.): 3%
- Friend or Relative: 3%
- Free or low income clinic: 1%
- School/university nurse: 1%
- Other: 1%

Other responses:
- Specialist
- Physician Assistant
- Fast Pace
- Google
- I use essential oils/ Teledoc
- Urgent care center
- Nurse practitioner
- Anywhere but Saint Thomas
- Web Health

Most people surveyed go to their primary care doctor or family physician for basic healthcare needs, followed by urgent care centers then a hospital.

Physician Access

Was there a time in the past 12 months when you needed to see a doctor but could not?

- Lack of money/insurance for office visit: 42%
- Doctor unavailable: 32%
- Inconvenient office hours: 27%
- Specific service I needed was not available locally: 12%
- Lack of access to a physician taking new patients: 7%
- Don’t know how to find a good doctor: 5%
- I do not have a healthcare provider: 5%
- I’m not comfortable with any doctor: 4%
- I was too sick: 3%
- Lack of transportation: 1%
- Weather was too bad: 1%
- Language/racial/cultural barriers: 0%
- Other: 10%

25% indicated there was a time in the last 12 months when they needed to see a doctor but could not. This is a higher percentage compared to other surveys. The primary reasons were lack of money or insurance for an office visit, or a doctor was unavailable.
Was there a time in the past 12 months when you needed medications but could not obtain them?

17% indicated there was a time in the last 12 months when they needed medications but could not obtain them. The primary reasons were lack of money or insurance for drugs, followed by not being able to obtain a prescription from a physician.

**Substance Abuse**

Have you, a relative, or close friend experienced substance abuse or addiction?

34% indicated they, a relative, or close friend experienced substance abuse or addiction. The primary substance involved was prescription drugs/pain killers, followed by alcohol, and Methamphetamine. 53% indicated there was treatment available.
**Smoking/Vaping**

How often do you smoke, if you do?

- Never – do not smoke: 85%
- A few times a month: 2%
- Weekly: 0%
- Daily: 13%
- Hourly: 0%

85% said they do not smoke. 13% smoke regularly.

How often do you use smokeless tobacco products, if you do?

- Never – do not use: 94%
- A few times a month: 2%
- Weekly: 1%
- Daily: 2%
- Hourly: 0%

94% said they do not use smokeless tobacco products. 3% use them regularly.

How often do you vape, if you do?

- Never – do not vape: 95%
- A few times a month: 2%
- Weekly: 1%
- Daily: 2%
- Hourly: 0%

95% said they do not vape. 3% vape regularly.
**Nutrition**

How close in distance is the nearest grocery store that offers fresh fruits and vegetables?

- Less than 1 mile: 5%
- 1 mile to 5 miles: 36%
- 5 to 10 miles: 41%
- Greater than 10 miles: 18%

41% said there is a grocery store that offers fresh fruits and vegetables within 5 miles.

**Community Health Issues**

What are the top 3 issues in your community that impact people’s health?

- Substance abuse: 16%
- Lifestyle/Lack of motivation: 12%
- Low income/Poverty: 10%
- Affordable healthcare: 7%
- Affordable insurance: 7%
- Lack of specialists: 4%
- Smoking: 4%
- Healthy diet: 4%
- Better quality doctors: 3%
- Obesity: 3%
- Physical inactivity: 3%
- Access to doctors: 3%
- Education/Health education: 2%
- Affordable medication: 2%
- Access to healthy food options: 2%
- Quality of Life: 2%
- Lack of jobs: 2%
- Access to affordable safe exercise facilities: 2%
- Community issues: 1%
- Mental Health: 1%

90% of responses shown
Top 20 responses shown

The top 3 issues impacting people’s health in the community were identified as substance abuse, lifestyle/lack of motivation, and low income/poverty.
Health Conditions

Have you ever been told by a doctor you have any of these conditions, diseases, or challenges?

<table>
<thead>
<tr>
<th>Condition</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>High blood pressure/hypertension</td>
<td>46%</td>
</tr>
<tr>
<td>Overweight or obese</td>
<td>36%</td>
</tr>
<tr>
<td>High cholesterol</td>
<td>30%</td>
</tr>
<tr>
<td>Arthritis</td>
<td>22%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>17%</td>
</tr>
<tr>
<td>Asthma</td>
<td>14%</td>
</tr>
<tr>
<td>Mental or emotional problem</td>
<td>13%</td>
</tr>
<tr>
<td>Cancer</td>
<td>10%</td>
</tr>
<tr>
<td>Heart disease</td>
<td>7%</td>
</tr>
<tr>
<td>Lung disease (including COPD)</td>
<td>5%</td>
</tr>
<tr>
<td>Eating disorder</td>
<td>0%</td>
</tr>
<tr>
<td>None</td>
<td>23%</td>
</tr>
</tbody>
</table>

82% have been told by a doctor they have high blood pressure/hypertension or are overweight or obese.

Do you feel you have all that you need to manage your health condition(s)?

What do you need in order to manage your health condition(s)?

- Affordable healthcare/insurance: 51%
- Financial assistance – doctor visits/medical supplies: 46%
- More access to physicians/doctors: 41%
- A better support system: 39%
- More information/education about my condition(s): 27%
- Training on how to care for my condition(s): 24%
- Transportation to doctor or clinic: 8%
- Other: 14%

23% did not feel they had all they need to manage their health condition(s). 51% said they need affordable healthcare/insurance and 46% said they need financial assistance in order to manage their health condition(s).
Community Health

What healthcare, health education or public health services or programs would you like to see offered in your community?

<table>
<thead>
<tr>
<th>Service</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthcare resources for the uninsured or poor</td>
<td>52%</td>
</tr>
<tr>
<td>Affordable healthcare</td>
<td>52%</td>
</tr>
<tr>
<td>Affordable insurance</td>
<td>49%</td>
</tr>
<tr>
<td>Exercise resources/fitness center</td>
<td>45%</td>
</tr>
<tr>
<td>Nutrition/diet education</td>
<td>44%</td>
</tr>
<tr>
<td>Wellness programs</td>
<td>38%</td>
</tr>
<tr>
<td>Health education for chronic conditions: diabetes,...</td>
<td>37%</td>
</tr>
<tr>
<td>Substance abuse services</td>
<td>36%</td>
</tr>
<tr>
<td>Preventative services</td>
<td>36%</td>
</tr>
<tr>
<td>Behavioral health services</td>
<td>36%</td>
</tr>
<tr>
<td>Access to specialty physicians</td>
<td>32%</td>
</tr>
<tr>
<td>Senior Services</td>
<td>30%</td>
</tr>
<tr>
<td>Physician specialties</td>
<td>27%</td>
</tr>
<tr>
<td>Primary care access</td>
<td>21%</td>
</tr>
<tr>
<td>None/have everything we need</td>
<td>4%</td>
</tr>
<tr>
<td>Other</td>
<td>6%</td>
</tr>
</tbody>
</table>

The top services and programs people would like to see in the community are healthcare resources for the uninsured or poor, affordable healthcare, and affordable insurance.
Health Status Data

Based on the 2018 County Health Rankings study performed by the Robert Wood Johnson Foundation and the University of Wisconsin, White County ranked 42nd healthiest County in Tennessee out of the 95 counties ranked (1 = the healthiest; 95 = unhealthiest), 57th for health outcomes and 28th for health factors.

County Health Rankings suggest the areas to explore for improvement in White County were: higher adult smoking, higher obesity percentage, lower access to exercise opportunities, lower number primary care physicians, higher teen birth rate, lower percentage of adults with some college, higher rate of deaths due to injuries. The areas of strength were identified as lower percentage of excessive drinking, higher percent of flu vaccinations, higher percent of high school graduation, and lower percent of children in single-parent households.

Where White County’s results were worse than TN, groups and individuals have an opportunity to act and improve these community measures. To become the healthiest community in Tennessee and eventually the Nation, White County must close several lifestyle gaps. For additional perspective, Tennessee was ranked the 42nd healthiest state out of the 50 states. (Source: 2018 America’s Health Rankings)

Photo Credit Saint Thomas Hospital

The Rankings are based on a model of population health that emphasizes the many factors that, if improved, can help make communities healthier places to live, learn, work and play. Building on the work of America’s Health Rankings, the University of Wisconsin Population Health Institute has used this model to rank the health of Tennessee’s counties every year since 2003.
Comparisons of Health Status

Information from County Health Rankings and America’s Health Rankings was analyzed in the CHNA in addition to the previously reviewed information and other public health data. Other data analyzed is referenced in the bullets below, such as: causes of death, demographics, socioeconomics, consumer health spending, focus groups, and surveys. Data for Tennessee, the U.S. or the top 10% of counties (90th percentile) were used as comparisons when available. There were strengths and opportunities identified for measures and for the county. Where the data indicated a strength or an opportunity for improvement, it is called out below. To prevent strengths from becoming opportunities for improvement, it’s important to continually focus on them. Opportunities were denoted with red symbols, and strengths were denoted with green stars for easy interpretation. The years displayed on the County Health Rankings graphs show the year the data was released. The actual years of the data are contained in the source notes below the graphs.

In most of the following graphs, White County will be blue, Tennessee (TN) will be red, U.S. green and the 90th percentile of counties in the U.S. gold.

Health Outcomes (Length of Life and Quality of Life)

Health Outcomes are a combination of length of life and quality of life measures. White County ranked 57th in health outcomes out of 95 Tennessee counties.

Length of Life

Length of life was measured by years of potential life lost per 100,000 population prior to age 75, lower is better. For example, if a 25-year-old is killed in an accident, that is 50 years of potential life lost prior to age 75. White County ranked 80th in length of life out of 95 Tennessee counties.

White County lost 11,625 years of potential life which was higher than TN and the U.S.

![Graph showing years of potential life lost (YPLL) per 100,000 population prior to age 75]

Source: County Health Rankings; National Center for Health Statistics – Mortality File 2012-2014
Leading Causes of Death: Age-Adjusted Deaths per 100,000

<table>
<thead>
<tr>
<th>Cause of Death</th>
<th>White County*</th>
<th>Tennessee</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart diseases</td>
<td>223.8</td>
<td>198.8</td>
<td>196.6</td>
</tr>
<tr>
<td>Cancer</td>
<td>215.6</td>
<td>179.9</td>
<td>185.1</td>
</tr>
<tr>
<td>Accidents (unintentional injuries)</td>
<td>83.1</td>
<td>61.1</td>
<td>44.0</td>
</tr>
<tr>
<td>Respiratory diseases</td>
<td>47.3</td>
<td>54.7</td>
<td>47.8</td>
</tr>
<tr>
<td>Stroke</td>
<td>66.2</td>
<td>46.0</td>
<td>49.9</td>
</tr>
<tr>
<td>Alzheimer’s Disease</td>
<td>59.5</td>
<td>44.2</td>
<td>35.9</td>
</tr>
</tbody>
</table>

Source(s): CDC, wonder.cdc.gov
TN, US data from 2016; *White County data contains 2015-2016 in order to calculate usable rates
Rates that appear in red for a county denote a higher value compared to state data
Age Adjustment Uses 2000 Standard Population

Red areas had death rates higher than TN. The leading causes of death in White County were heart disease followed by cancer, similar to TN and the U.S. Lagging as causes of death were accidents, respiratory diseases, stroke and Alzheimer’s Disease.

Infant Mortality Per 1,000 Births

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Tennessee</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number</td>
<td>562</td>
<td>569</td>
<td>597</td>
<td>597</td>
</tr>
<tr>
<td>Rate</td>
<td>6.9</td>
<td>7.0</td>
<td>7.4</td>
<td>7.4</td>
</tr>
<tr>
<td><strong>White County</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Rate</td>
<td>9.9</td>
<td>3.4</td>
<td>3.3</td>
<td>6.5</td>
</tr>
</tbody>
</table>

Source(s): Kids Count 2018

White County’s infant mortality rate was 6.5 deaths per 1,000 births in 2017, the numbers are small.
Quality of Life

Quality of life was measured by: % reporting fair or poor health, the average number of poor physical health days and poor mental health days in the past 30 days, and % of live births with birthweight less than 2500 grams, or 5.5 lbs. White County ranked 23rd out of 95 counties in Tennessee for quality of life.

<table>
<thead>
<tr>
<th>Quality of Life STRENGTHS</th>
</tr>
</thead>
<tbody>
<tr>
<td>• White County had a lower infant mortality rate at 6.5 deaths per 1,000 births than TN at 7.4.</td>
</tr>
<tr>
<td>• White County had lower death rates due to respiratory diseases than TN and the U.S.</td>
</tr>
<tr>
<td>• The percentage of live births with birthweight less than 2500 grams or 5.5 lbs. was the same in White County as the U.S. at 8%, but lower than TN at 9%.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Quality of Life OPPORTUNITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Years of potential life lost per 100,000 population prior to age 75 in White County was higher than TN and the U.S.</td>
</tr>
<tr>
<td>• White County had a higher number of poor physical health days in the past 30 days than TN and the U.S. with 4.8.</td>
</tr>
<tr>
<td>• White County also had a higher number of poor mental health days in the past 30 days than TN and the U.S. with 4.7.</td>
</tr>
<tr>
<td>• 20% of White County reported poor or fair health, higher than TN (19%) and the U.S. (16%).</td>
</tr>
<tr>
<td>• White County had higher death rates due to heart disease, cancer, accidents, Alzheimer's Disease, and stroke than TN.</td>
</tr>
</tbody>
</table>

Source: County Health Rankings; Behavioral Risk Factor Surveillance System (BRFSS) 2016 Source: County Health Rankings: National Center for Health Statistics – Natality files (2010-2016) *indicates a change in the Behavioral Risk Factor Surveillance System Survey calculations of results. 2016 forward cannot be compared to prior year results.
Health Factors or Determinants

Health factors or determinants were comprised of measures related to health behaviors, clinical care, social & economic factors, and physical environment. White County ranked 28th in health factors out of 95 counties in Tennessee.

Health Behaviors

Health behaviors are made up of nine measures and account for 30% of the county ranking, and White County ranked 24th out of 95 counties in Tennessee.

Source:
- Obesity, physical inactivity - County Health Rankings; CDC Diabetes Interactive Atlas based on responses to BRFSS, 2014
- Access to exercise opportunities - County Health Rankings; ArcGIS Business Analyst, Delorme map data, Esri and U.S. Census Tigerline Files, 2016. Measures the percentage of individuals in a County who live reasonably close to a location for physical activity, defined as parks or recreational facilities (local, state national parks, gyms, community centers, YMCAs, dance studios and pools)
- Smoking - County Health Rankings; Behavioral Risk Factor Surveillance System (BRFSS), 2016
The food environment index is comprised of % of the population with limited access to healthy foods and % of the population with food insecurity. Limited access to foods estimates the % of the population who are low income and do not live close to a grocery store. Food insecurity is the % of the population who did not have access to a reliable source of food during the past year.

Children with Neonatal Abstinence Syndrome

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Tennessee</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number</td>
<td>1,006</td>
<td>1,040</td>
<td>1,068</td>
<td>1,090</td>
</tr>
<tr>
<td>Rate</td>
<td>12.3</td>
<td>12.8</td>
<td>13.2</td>
<td>13.5</td>
</tr>
<tr>
<td><strong>White County</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number</td>
<td>7</td>
<td>6</td>
<td>9</td>
<td>11</td>
</tr>
<tr>
<td>Rate</td>
<td>23.0</td>
<td>20.6</td>
<td>29.8</td>
<td>35.6</td>
</tr>
</tbody>
</table>

Data Source(s): Data on the number of NAS babies were collected from Neonatal Abstinence Syndrome Surveillance System, Division of Family Health and Wellness, Tennessee Department of Health.
Health Behaviors STRENGTHS

- Adult smoking in White County at 21% was lower than TN at 22%, but higher than the U.S. at 17%. Each year approximately 443,000 premature deaths can be attributed to smoking. Cigarette smoking is identified as a cause of various cancers, cardiovascular disease, respiratory conditions, low birthweight, and other adverse health outcomes.
- At 13%, excessive drinking was lower in White County than TN (14%) and the U.S. (18%). White County had the same percentage as the 90th percentile of counties in the U.S.
- Sexually transmitted infections measured by chlamydia rate per 100,000 population were lower in White County at 228 than TN and the U.S. at 479.
- The food index was higher (better) in White County (7.8) than TN (6.2) and the U.S. (7.7).

Health Behaviors OPPORTUNITIES

- Adult obesity in White County (32%) was the same as TN, but higher than the U.S. (28%). The Obesity in Tennessee and the U.S. continue to rise, putting people at increased risk of chronic diseases including: diabetes, kidney disease, joint problems, hypertension and heart disease. Obesity can cause complications in surgery and with anesthesia. It has been implicated in Alzheimer’s and often leads to metabolic syndrome and type 2 diabetes.
- Access to exercise opportunities was lower in White County at 41% than TN at 71% and the U.S. at 83%.
- Physical inactivity was 36%, higher than TN (30%) and the U.S. (23%).
- The percentage of alcohol impaired driving deaths was higher in White County at 31% than TN and the U.S. at 29%.
- The teen birth rate was higher in White County than TN and the U.S. with 46 births per 1,000 females ages 15 to 19. However, this measure decreased from 56 births in 2015.
- The percentage of births to mothers who smoked during pregnancy was higher in White County (26%) than TN (13%) in 2017.
- The rate of children with Neonatal Abstinence Syndrome was higher in White County (35.6) than TN (13.5) in 2017.

Births to Mothers who Smoked During Pregnancy

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tennessee</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number</td>
<td>12,150</td>
<td>11,545</td>
<td>10,788</td>
<td>10,325</td>
</tr>
<tr>
<td>Percent</td>
<td>15%</td>
<td>14%</td>
<td>13%</td>
<td>13%</td>
</tr>
<tr>
<td>White County</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number</td>
<td>65</td>
<td>58</td>
<td>75</td>
<td>79</td>
</tr>
<tr>
<td>Percent</td>
<td>21%</td>
<td>20%</td>
<td>25%</td>
<td>26%</td>
</tr>
</tbody>
</table>

Data Source(s): The Division of Population Health Assessment, Tennessee Department of Health. The KIDS COUNT division of the Tennessee Commission on Children and Youth organized the data.
Clinical Care

Clinical care ranking is made up of seven indicators, and they account for 20% of the county rankings. White County ranked 52nd out of 95 Tennessee counties in clinical care.

- **Uninsured** (% 65 without health insurance)

- **Mammography screening** (% female Medicare enrollees receiving mammography screening)
  - Higher is better

- **Diabetic screening** (% diabetic Medicare enrollees receiving HbA1c screening)
  - Higher is better

- **Preventable hospital stays** (hospitalization rate for ambulatory-sensitive conditions per 1,000 Medicare enrollees)

- **Primary care physicians** (population per physician)

- **Dentists** (population per dentist)

- **Mental health providers** (population to mental health providers)

- **Diabetes** (% of adults aged 20 and above diagnosed with diabetes)

*Mental health providers include psychiatrists, psychologists, licensed clinical social workers, counselors, and advanced practice nurses specializing in mental health care.*

Source: Uninsured - County Health Rankings; Small Area Health Insurance Estimates, 2015
Source: Preventable hospital stays, mammography screening, diabetic screening - County Health Rankings; Dartmouth Atlas of Health Care, Medicare claims data, 2014
Source: Pop to PCP - County Health Rankings; Area Health Resource File/American Medical Association, 2015
Source: Pop to Dentists - County Health Rankings; Area Health Resource File/National Provider Identification file, 2016
Source: Pop to mental health provider (psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists and advanced practice nurses specializing in mental health) County Health Rankings; CMS, National Provider Identification, 2017
Clinical Care, cont.

Population to specialists, Saint Thomas Health, 2018 in White County

<table>
<thead>
<tr>
<th>Specialist Product Line</th>
<th>Count</th>
<th>Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allergy and Immunology</td>
<td>0.0</td>
<td>0</td>
</tr>
<tr>
<td>Cardiology</td>
<td>2.7</td>
<td>9,989:1</td>
</tr>
<tr>
<td>Cardiothoracic Surgery</td>
<td>0.0</td>
<td>0</td>
</tr>
<tr>
<td>Colorectal Surgery</td>
<td>0.0</td>
<td>0</td>
</tr>
<tr>
<td>Dermatology</td>
<td>0.0</td>
<td>0</td>
</tr>
<tr>
<td>Endocrinology</td>
<td>0.0</td>
<td>0</td>
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<tr>
<td>Family Medicine</td>
<td>5.3</td>
<td>5,057:1</td>
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<tr>
<td>Gastroenterology</td>
<td>0.0</td>
<td>0</td>
</tr>
<tr>
<td>General Surgery</td>
<td>1.0</td>
<td>26,969:1</td>
</tr>
<tr>
<td>Geriatrics</td>
<td>0.0</td>
<td>0</td>
</tr>
<tr>
<td>Hematology/Oncology</td>
<td>0.0</td>
<td>0</td>
</tr>
<tr>
<td>Internal Medicine</td>
<td>7.3</td>
<td>3,678:1</td>
</tr>
<tr>
<td>Nephrology</td>
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<td>0</td>
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<tr>
<td>Neurology</td>
<td>0.0</td>
<td>0</td>
</tr>
<tr>
<td>Neurosurgery</td>
<td>0.0</td>
<td>0</td>
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<tr>
<td>Obstetrics and Gynecology</td>
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<td>13,485:1</td>
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<tr>
<td>Ophthalmology</td>
<td>0.0</td>
<td>0</td>
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<tr>
<td>Orthopedic Surgery</td>
<td>1.0</td>
<td>26,969:1</td>
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<tr>
<td>Otolaryngology</td>
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<td>0</td>
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<tr>
<td>Pediatrics</td>
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<td>0</td>
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<tr>
<td>Physical Medicine and Rehab</td>
<td>0.0</td>
<td>0</td>
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<tr>
<td>Pulmonology</td>
<td>0.0</td>
<td>0</td>
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<tr>
<td>Rheumatology</td>
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<td>0</td>
</tr>
<tr>
<td>Urology</td>
<td>0.0</td>
<td>0</td>
</tr>
<tr>
<td>Vascular Surgery</td>
<td>0.0</td>
<td>0</td>
</tr>
<tr>
<td><strong>White County Total</strong></td>
<td><strong>19.4</strong></td>
<td><strong>1,393:1</strong></td>
</tr>
</tbody>
</table>

Source: Saint Thomas Health

Using more recent data than the County Health Rankings, and including more specialties, there were 1,393 population to physician.
Clinical Care, cont.

Cancer Incidence Rates for Counties in Tennessee

Source: SEER, statecancerprofiles.cancer.gov

Rates of Persons Living with HIV

99 of every 100,000 people in White County were living with HIV.

Source: aidsvu.org/state/tennessee
Clinical Care STRENGTHS

• The percent of population under sixty-five without health insurance was higher in White County at 13% than TN at 12% and the U.S. at 11%. Tennessee did not expand Medicaid, therefore their percent uninsured is higher than the U.S.
• Diabetic screening at 85% was the same as the U.S., but lower than TN at 87%.
• Mammography screening at 61% was lower than TN and the U.S. at 63%.
• The percent of adults over 20 who had been diagnosed with diabetes, 15%, was higher than TN (13%) and the U.S. (11%). This percentage increased from 13% in 2016.
• The population per dentist was higher in White County than TN and the U.S. at 2,665 population per dentist.
• The population per primary care physicians was higher in White County than TN and the U.S. at 2,947 people per primary care physician. When all providers are accounted for the ratio drops to 1,393.
• The population per mental health provider was higher in White County at 6,663 population per mental health provider than TN at 740 and the U.S. at 330.
• The 2011-2015 age-adjusted cancer incidence rate was higher in White County at 492.1 cases per 100,000 population than TN with 456.4 cases per 100,000.

Clinical Care OPPORTUNITIES

• The rate for hospitalization for ambulatory-sensitive conditions per 1,000 Medicare enrollees was lower in White County at 54 than TN at 59, but higher than the U.S. at 49. This indicator measures potential shortages of outpatient/physician providers.
Social & Economic Factors

Social and economic factors account for 40% of the county rankings. There are eight measures in the social and economic factors category. White County ranked 27th out of 95 Tennessee counties.

Source: High School graduation – County Health Rankings; States to the Federal Government via EDFacts, 2014-2015
Source: Some college - County Health Rankings; American Community Survey, 5-year estimates, 2012-2016. Source: Children in poverty - County Health Rankings; U.S. Census, Small Area Income and Poverty Estimates, 2016 Source: Social associations - County Health Rankings; County Business Patterns, 2015

Social & Economic Factors STRENGTHS

• The high school graduation rate in White County was 94%, higher than TN (88%) and the U.S. (83%).
• The percentage of children in single-parent households in White County (25%) was lower than TN (36%) and the U.S. (34%).
• The ratio of household income at the 80<sup>th</sup> percentile to income at the 20<sup>th</sup> percentile measures income inequality. At 4, income inequality was the lower in White County than in TN and the U.S. at 5.
• Violent crime per 100,000 population was 289 in White County, lower than TN (614) and the U.S. (380).

Social & Economic Factors OPPORTUNITIES

• The percentage of children in poverty in White County at 26% was higher than TN at 23% and the U.S. at 20%.
• The percentage of adults 35-44 with some postsecondary education was lower at 46% than TN (59%) and the U.S. (65%).
• Injury deaths were higher in White County (106 per 100,000) than TN (83) and the U.S. (65).
• The median household income was lower at $38,133 than TN and the U.S.
• Social associations in White County were the same as the U.S., but lower than TN at 9 memberships per 10,000 population. Associations include membership organizations such as civic organizations, bowling centers, golf clubs, fitness centers, sports organizations, religious organizations, political organizations, labor organizations, business organizations, and professional organizations. Poor family support, minimal contact with others, and limited involvement in community life are associated with increased morbidity and early mortality.

Photo Credit Tennessean Website
Physical Environment

Physical environment contains four measures in the category and accounts for 10% of the County rankings. White County ranked 34th out of 95 Tennessee counties in physical environment.

- **Drinking water violations**
  - White County: No, No, No

- **Severe housing problems**
  - White County (11%) had a lower percentage of severe housing problems than TN (16%) and the U.S. (19%).

- **Air pollution - particulate matter**
  - The average daily measure of matter in micrograms per cubic meter at 9 was the same as the U.S. and lower than TN at 10.

- **Long commute - driving alone**
  - 30% of workers who commuted alone commuted over 30 minutes which was lower than TN and the U.S.

- **White County had no drinking water violations.**

There were Four Broad Themes that Emerged in this Process:

- White County needs to create a “Culture of Health” which permeates throughout the towns, employers, churches, schools, and community organizations to engender commitment to health improvement.

- There is a direct relationship between health outcomes and affluence (income and education). Those with the lowest income and education generally had the poorest health outcomes.

- While any given measure may show an overall good picture of community health, subgroups such as the census tract of Sparta, may experience lower health status measures.

- It will take a partnership with a wide range of organizations and citizens pooling resources to meaningfully impact the health of the community. However, the county has many assets to improve health.

Photo Credit Trover Website
Prioritization of Health Needs

**Prioritization Criteria**

At the Community Health Summit, the attendees reviewed the community health information and used the criteria below to prioritize the health needs in the community.

<table>
<thead>
<tr>
<th>Magnitude / scale of the problem</th>
<th>How big is the problem? How many people does the problem affect, either actually or potentially? In terms of human impact, how does it compare to other health issues?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seriousness of Consequences</td>
<td>What degree of disability or premature death occurs because of this problem? What would happen if the issue were not made a priority? What is the level of burden on the community (economic, social or other)?</td>
</tr>
<tr>
<td>Feasibility</td>
<td>Is the problem preventable? How much change can be made? What is the community's capacity to address it? Are there available resources to address it sustainably? What's already being done, and is it working? What are the community's intrinsic barriers and how big are they to overcome?</td>
</tr>
</tbody>
</table>
Most Significant Community Health Needs

The following needs were prioritized by fourteen attendees at the Community Health Summit. Using a nominal group technique, each attendee received three sticky notes and selected their top three health needs and posted their ideas on paper at the front of the room. The results of the activity are below with higher numbers indicating the number of “votes” or priority by topic. The bullets below the health need are many of the comments received on the sticky notes.

1. Substance abuse including smoking/ nicotine (15 sticky notes)
   - Substance abuse (4 sticky notes)
   - Substance abuse overdose deaths
   - Substance abuse related crimes
   - Smoking (2 sticky notes)
   - Drugs
   - Tobacco/ vaping (2 sticky notes)
   - Opioid use
   - Mental health (2 sticky notes)
   - Opioid/drugs/alcohol

2. Obesity- (10 sticky notes)
   - Obesity (4 sticky notes)
   - Physical inactivity (4 sticky notes)
   - Lack of exercise
   - Motivation to be active

3. Access to care- (7 sticky notes)
   - Access to healthcare
   - Access to affordable care (2 sticky notes)
   - Affordable healthcare
   - Lack of health insurance
   - High drug costs
   - Education

4. Kids/ poverty- (6 sticky notes)
   - Poverty/child hunger
   - Low income
   - Adverse childhood experiences
   - Low income/poverty
   - Education after the fact
   - Teen births

5. Chronic diseases- (2 sticky notes)
   - Cancer death rate
   - Heart disease
The most significant health needs coalesced into three categories. The group then brainstormed goals and actions for each health need along with resources and collaborators. The brainstorm results are below.

**Significant Health Need 1: Substance abuse and mental health**

- **Goal 1 - Build up existing programs for community involvement.**
  - **Action 1** - Form a committee with local volunteers and leaders.
  - **Action 2** - Develop regular scheduled activities for patients.
  - **Resources/ Collaborators needed:** Existing programs, recovery workers, volunteers, and leaders

- **Goal 2 - Establish more public incentives for people that abstain substances.**
  - **Action 1** - Get volunteers to sign up to help with tasks.
  - **Action 2** - Build up regular classes, invite guest speakers.
  - **Resources/ Collaborators needed:** Existing programs, recovery workers, volunteers, Upper Cumberland Human Resource Agency’s opioid coordinator

**Significant Health Need 2: Obesity**

- **Goal 1 - Reduce obesity by 10% in the next 3 years.**
  - **Action 1** - Increase access to group meetings about nutrition education. For example, healthy plate/portion control classes.
  - **Action 2** - Create a community garden. Have kids work in the garden to increase physical activity, and to learn about and eat healthy foods.
  - **Resources/ Collaborators needed:** Hospital, senior centers, government, libraries, schools, health department, doctors, transportation to meetings/garden, land, jails, garden supplies, water source, the entire community

- **Goal 2 - Increase physical activity by 25% in the next 3 years.**
  - **Action 1** - Promote outdoor areas/activities such as walking, hiking, and water sports.
  - **Action 2** - Increase P.E. in school systems (daily P.E.). Keep kids activate from 3-6pm when kids are on their own and often get into trouble.
  - **Resources/ Collaborators needed:** Transportation to sites, fair association, senior center, government, school board, libraries, entire community, cross fit community
Community Health Summit Brainstorming cont.

**Significant Health Need 3: Access to care/ chronic diseases**

**Goal 1** - Increase access to primary care by 5% by the end of 2022.

- **Action 1** - Recruitment of primary care practitioners to the community.
- **Action 2** - Improve transportation services for patients to get to their appointments. Improve community awareness of Upper Cumberland Human Resource Agency services and utilize a volunteer ride program.

*Resources/ Collaborators needed: Saint Thomas, Chamber of Commerce, THA small rural hospital, workforce development, ride program, volunteer drivers, University of Tennessee*

**Goal 2** - Decrease prevalence of heart disease by 5% by the end of 2022.

- **Action 1** - Improve access to education on disease prevention including written information.
- **Action 2** - Free health screenings at community events. Meet people where they are; go out into the community.

*Resources/ Collaborators needed: University of Tennessee Extension Service, health department, senior centers, Saint Thomas Highlands programs, employers, work site wellness programs, private insurance companies*
Impact of 2016 CHNA and Implementation Plan

In 2016, the White County community prioritized the following priority health needs:

1. Substance abuse (including tobacco) & mental health
2. Obesity
3. Access to care
4. Social determinants

Saint Thomas Highlands Hospital addressed each of the health needs identified in the CHNA. Below is the implementation strategy as well as the results from the last three years.

<table>
<thead>
<tr>
<th>SIGNIFICANT HEALTH NEED Identified in Prior CHNA and Addressed in Implementation Strategy</th>
<th>MENTAL HEALTH &amp; SUBSTANCE ABUSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACTIONS PROPOSED to Address Significant Health Need</td>
<td>STATUS OF ACTIONS</td>
</tr>
<tr>
<td>Strategy 1: Integrate behavioral health services with primary medical care to care for the behavioral as well as physical needs of community members.</td>
<td>Not Completed.</td>
</tr>
<tr>
<td>Strategy 2: Expand the available inpatient geriatric psychiatric series to care for the mental and emotional needs of elderly community members.</td>
<td>Completed.</td>
</tr>
<tr>
<td>Strategy 3: Provide community-based organizations with financial support toward their work addressing needs of Mental Health &amp; Substance Abuse.</td>
<td>Completed.</td>
</tr>
<tr>
<td>Additional Strategies: Support the community with partnerships and programs that provide education on mental health and substance abuse.</td>
<td>Completed.</td>
</tr>
</tbody>
</table>
## Evaluation of Impact of Actions Taken to Address Needs Identified in Previous (2016) CHNA Cont.

<table>
<thead>
<tr>
<th>SIGNIFICANT HEALTH NEED Identified in Prior CHNA and Addressed in Implementation Strategy</th>
<th>OBESITY</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ACTIONS PROPOSED to Address Significant Health Need</strong></td>
<td><strong>STATUS OF ACTIONS</strong></td>
</tr>
</tbody>
</table>
| **Strategy 1:** Improve the health of community students and impact obesity rates through expanding wellness screenings and other programming. | Completed. | Multiple programs and screenings geared towards community members during this CHNA cycle including:  
- Dining with Diabetes – White Co. Senior Center  
- Healthy Heart Choices Booth – multiple locations/fairs  
- Partnership with Coordinated School Health – Try It Day (healthy food samples)  
- Walk Across America partner  
- Chamber Event with pedometer giveaways |
| **Strategy 2:** Provide community-based organizations with financial support toward their work addressing needs of Obesity. | Completed. | Multiple Organizations Funded:  
- **Sparta/White Senior Center:** funded purchase of recumbent cross trainer for seniors to continue Rehab after surgery to increase independence, mobility, quality of life.  
- **One Generation Away:** funding to provide support of their work in increasing access to healthy foods to those experiencing food insecurity. |
**Evaluation of Impact of Actions Taken to Address Needs Identified in Previous (2016) CHNA Cont.**

<table>
<thead>
<tr>
<th>SIGNIFICANT HEALTH NEED Identified in Prior CHNA and Addressed in Implementation Strategy</th>
<th>ACCESS TO CARE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ACTIONS PROPOSED</strong> to Address Significant Health Need</td>
<td><strong>STATUS OF ACTIONS</strong></td>
</tr>
</tbody>
</table>
| Strategy 1: Engage state legislators and other key stakeholders to advocate for expanded access to care in Tennessee. | Completed. | January-May 2017  
January-May 2018  
January -May 2019  
All Tennessee legislators from all counties and neighboring counties/districts we serve were engaged weekly via in person visits, calls, or e-mails by Chief Advocacy Officer or senior leaders during the months of the legislative sessions listed above. In addition, meetings with TennCare Director and Deputy Director as well as Commissioner of Health and Commissioner of Mental Health and Disabilities. During the Summer and Fall, legislators are engaged as well during hospital ministry tours or Summer study meetings, but less frequently.  
Chief Advocacy Officer conducted follow-up: Federal legislators and staff visits made in person and engaged regularly in Washington and in local district regarding health policy.  
**FY17:** 36 Legislative visits and follow up in-person visits.  
**FY18:** 30 Legislative visits.  
**FY19:** 25 Legislative visits at time of report – additional planned – including visit with Governor Lee. Chief Advocacy Officer appointed to Tennessee Access to Care Board.  
Health Policies:  
100% Access and 100% Coverage for All Medicaid Expansion  
Insure Tennessee  
3-Star Healthy Plan  
Hospital Assessment  
Expansion of Ascension PACE  
Opioid Epidemic Policy  
Balanced Billing  
Compact Medicine Policy  
Nurse Practice Act  
Certificate of Need  
340B  
Corporate Practice of Medicine  
Sexual Assault Transports  
Psych Patient Transports  
Rural Hospitals  
Rural Health Access  
Behavioral Health/Substance Abuse  
Future of Medicaid |
| Strategy 2: Increase access to healthcare by removing traditional financial and insurance hurdles, through financial assistance and emergency care policies. | Completed. | Policy change enacted July 1, 2016 (FY17) to provide community members with income levels at or below 400% of the Federal Poverty Level with financial assistance as outlined in the Saint Thomas Health Financial Assistance Policy. |
### Strategy 3: Implement community-wide Medical Missions at Home that integrate medical, dental, vision and behavioral health, along with broader community resources.

**Completed.**

**FY17:** Saint Thomas Health conducted three medical mission events in FY17, one in Davidson County, one in Warren County, and one in Rutherford County, each held within a low-income community. Volunteers from all Saint Thomas Health entities participated, and community volunteer providers offered health screenings, referrals, consultations, dental care, eye exams, glasses, health education, lab/pharmacy services, behavioral health, and other services to persons who otherwise have limited access to health care. In FY17, these events served 1,395 community members in a total of 3,702 encounters resulting in 155 scheduled follow-up appointments.

**FY18:** Saint Thomas Health conducted three medical mission events in FY18, one in Davidson County, one in Warren County, and one in Rutherford County, each held within a low-income community. Volunteers from all Saint Thomas Health entities participated, and community volunteer providers offered health screenings, referrals, consultations, dental care, eye exams, glasses, health education, lab/pharmacy services, behavioral health, and other services to persons who otherwise have limited access to health care. In FY18, these events served 1,211 community members in a total of 3,519 encounters resulting in 205 scheduled follow-up appointments.

**FY19:** At time of written report, Saint Thomas Health conducted two events in FY19, one in Warren County and one in Davidson County with two additional medical missions planned (one in Rutherford County and one in Warren County) each held within a low-income community. YTD for FY19, these events served 1,024 community members in over 3,536 encounters resulting in 178 scheduled follow-up appointments.

### Strategy 4: Increase breast cancer screening compliance through Our Mission in Motion Mobile Mammography.

**Completed.**

**FY18:** One event serving 13 patients, with 11 patients qualifying for free care. 4 patients had never had a mammogram and for 4, it had been greater than two years.

**FY19:** One event planned – not competed before report submitted.

### Strategy 5: Expand access to primary care through expanded presence and availability of providers, allowing more community members to access preventive and other services through a medical home.

**Completed.**

During this CHNA cycle, increased partnerships with local providers defined and solidified. In FY19 additional Primary Care Physician employed in White County.

### Strategy 6: Strengthen and expand the specialty care services available within the community to increase access to needed care. (orthopedic and surgical services)

**Completed.**

Saint Thomas Highlands has orthopedic surgeons on staff and additional visiting surgeons with orthopedic surgeries occurring at the hospital. Additionally, the hospital has added new equipment to provide two new endoscopic procedures performed by the general surgeon on staff. In addition – Cardiac services have also been expanded with STMP Sparta Heart Clinic offering clinic appointments on Mondays, allowing for patients to obtain these specialty services closer to home.
### Evaluation of Impact of Actions Taken to Address Needs Identified in Previous (2016) CHNA Cont.

<table>
<thead>
<tr>
<th>Strategy 7: Improve access to care via telemedicine consultations when acute stroke symptoms are present.</th>
<th>Completed.</th>
<th>Telemedicine stroke services implemented at Saint Thomas Highlands Hospital in FY17 with management of services through Saint Thomas Health transfer center. Nine consults completed in FY17. This service remains in place.</th>
</tr>
</thead>
</table>
| **Additional Strategies:** Provide community-based organizations with financial support toward their work addressing need of Access to Care. | Completed. | Multiple Organizations Funded:  
- **Tennessee Charitable Care Network (TCCN):** Saint Thomas Health funded work to support coordination of statewide network of charitable healthcare clinics with specific facilitation of partnerships in Cannon/DeKalb/Warren/White Counties.  
- **Sparta/White Senior Center:** Saint Thomas Highlands funded purchase of recumbent cross trainer for seniors to continue Rehab after surgery to increase independence, mobility, quality of life.  
- **White County Schools:** funded purchase of 5 AED machines for locations not currently covered – softball field, baseball field, soccer field, fitness center, and Career academy.  
- **Tennessee Justice Center:** funded work to increase access to care in target communities through individual advocacy, education, and policy improvement.  
- **Hope Smiles:** funded work to provide outreach dental care to areas with increased need and lack of dental resources. |
| **Additional Strategies:** Provide screenings within the community to impact health knowledge and access. | Completed. | - Guest Speakers/Cancer Care – Senior Center, Rotary Club, Women’s Auxiliary Luncheon. |

#### SIGNIFICANT HEALTH NEED Identified in Prior CHNA and Addressed in Implementation Strategy

<table>
<thead>
<tr>
<th>ACTIONS PROPOSED to Address Significant Health Need</th>
<th>STATUS OF ACTIONS</th>
<th>RESULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Strategy 1</strong>: Implement an anti-human trafficking initiative throughout Saint Thomas Health so that victims of human trafficking who seek medical care will be identified and connected with the assistance they need.</td>
<td>In-Progress.</td>
<td>Anti-human trafficking initiative started with charter in place. Four training modules and localized protocols have been developed for roll-out to all Saint Thomas Health employees. The training modules are available for all employees currently. Training has begun in Davidson County. One clinic, UT Internal Med, has had all staff including physicians trained. Saint Thomas Midtown ED has trained the majority of staff/physicians. Roll-out and training will continue to occur throughout all Saint Thomas Health facilities.</td>
</tr>
<tr>
<td><strong>Strategy 2</strong>: Provide resource navigation support to community members in need, recognizing how critical economic stability and social environments that promote good health are to improve an individual’s and a community’s health.</td>
<td>Not Completed.</td>
<td>This is part of a more complex comprehensive care coordination center being built. Progress has slowed on this initiative.</td>
</tr>
</tbody>
</table>
### Evaluation of Impact of Actions Taken to Address Needs Identified in Previous (2016) CHNA Cont.

#### Strategy 3: Implement community-wide Medical Missions at Home that integrate medical, dental, vision, and behavioral health, along with broader community resources.

| Completed. |
| FY17: Saint Thomas Health conducted three medical mission events in FY17, one in Davidson County, one in Warren County, and one in Rutherford County, each held within a low-income community. Volunteers from all Saint Thomas Health entities participated, and community volunteer providers offered health screenings, referrals, consultations, dental care, eye exams, glasses, health education, lab/pharmacy services, behavioral health, and other services to persons who otherwise have limited access to health care. In FY17, these events served 1,395 community members in a total of 3,702 encounters resulting in 155 scheduled follow-up appointments.  
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FY19: At time of written report, Saint Thomas Health conducted two events in FY19, one in Warren County and one in Davidson County with two additional medical missions planned (one in Rutherford County and one in Warren County) each held within a low-income community. YTD for FY19, these events served 1,024 community members in over 3,536 encounters resulting in 178 scheduled follow-up appointments. |

#### Strategy 4: Create a comprehensive resource guide to equip both community members and service providers to best connect those in need with available services.

| Not Completed. |
| This action was to be in conjunction with Upper Cumberland Human Resource Agency and the Chamber of Commerce. This work was more intense than anticipated. The development of the website [https://www.auntbertha.com/](https://www.auntbertha.com/) has helped to meet this need within the community. |

#### Additional Strategies:

| Completed. |
| FY17: **Clean Heart Christian Ministries**: funded to support crisis pregnancy services, veteran support and substance abuse resources. |

**Provide community-based organizations with financial support toward their work addressing needs of Social Determinants.**
A document attached below contains a list of community assets and resources that can help improve the health of the community and assist with implementation process.
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**Cities**
Sparta

**Towns**
Doyle

**Unincorporated Communities**
Bon Air
Cassville
DeRossett
Quebeck
Ravenscroft
Walling
Yankeetown

**Transportation**

**Airport**
Upper Cumberland Regional Airport (SRB)

**Major Highways**
U.S. Route 70
TN Route 1
SR – 26, 84, 111, 135, 136, 285, 289

**Media**

**AM radio**
WTZX 860 AM
WSMT 1050 AM

**Newspaper**
Sparta Expositor
The Tennessean

**Television**
Ben Lomand TV
Charter Communications

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**Government**

**County Department Phone Numbers**

**Register of Deeds**
(931) 836-2817

**Trustee**
(931) 836-3788

**Circuit Court Clerk**
(931) 836-3205

**Highway Superintendent**
(931) 837-2110

**General Sessions Judge**
(931) 836-3600

**County Executive**
(931) 836-3203

**White County Clerk**
(931) 836-3712

**Assessor of Property**
(931) 836-3480

**Clerk and Master**
(931) 836-3787

**Sheriff**
(931) 836-2700

**Department of Finance**
(931) 836-3216

**Animal Control & Adoption**
(931) 761-3647

**Board of Education**
(931) 836-2229

**Court System**
(931) 836-3205

**Election Committee**
(931) 836-3671

**Health Department**
(931) 836-2201

**Parks & Recreation**
(931) 836-3203

**Planning Commission**
(931) 372-0070

**Solid Waste Department**
(931) 761-3358

**Veterans Service**
(931) 836-3595
County Board of Commissioners

**District 1**
Cain Rogers
445 Riverchase Drive
Sparta, TN 38583
(931) 273-6281

Andy Haston
207 Gaines Street
Sparta, TN 38583
(931) 510-9321

**District 2**
Terry Alley
119 Hampton Drive
Sparta, TN 38583
(931) 260-5422

TK Austin
1029 Judge Austin Rd
Sparta, TN 38583
(931) 738-3292

**District 3**
Robert McCormick
294 Breeding Farm Rd
Sparta, TN 38583
(931) 261-8946

Lonnie Crouch
355 Crouch Rd
Sparta, TN 38583
(931) 252-2580

**District 4**
Lanny Selby
303 Scenic Rd
Sparta, TN 38583
(931) 935-5953

Dakota White
495 Chestnut Mtn. Rd
Sparta, TN 38583
(931) 935-1777

**District 5**
Robert Dale Bennett
232 Earls Lane
Doyle, TN 38559
(931) 273-2349

Dillard Quick
468 Lakeview Rd
Walling, TN 38587
(931) 212-3675

**District 6**
Lee Broyles
1067 Will Thompson Rd
Sparta, TN 38583
(931) 256-7335

Roger Mason
359 Three Island Rd
Walling, TN 38587
(931) 205-6025

**District 7**
Stanley Neal
260 Milk Plant Road
Sparta, TN 38583
(931) 761-5767

Bobby McCulley
166 James Austin Rd
Sparta, TN 38583
(931) 316-0925
**Elected County Officials**

**County Executive**  
Denny Wayne Robinson  
1 East Bockman Way, # 205  
Sparta, TN 38583  
(931) 836-3203

**White County Clerk**  
Sasha Wilson  
1 East Bockman Way, #115  
Sparta, TN 38583  
(931) 836-3712

**Assessor of Property**  
Junior Jones  
1 East Bockman Way, #103  
Sparta, TN 38583  
(931) 836-3480

**Clerk and Master**  
Gena Brock  
1 East Bockman Way, #303  
Sparta, TN 38583  
(931) 836-3787

**Sheriff**  
Steve Page  
111 Depot Street, Ste. 4  
Sparta, TN 38583  
(931) 836-2700

**General Sessions Judge**  
Sam Benningfield  
111 Depot Street, Ste. 2  
Sparta, TN 38583  
(931) 836-3600

**Register of Deeds**  
Martha Bumbalough  
1 East Bockman Way, #118  
Sparta, TN 38583  
(931) 836-2817

**Trustee**  
Kathryn P. Adcock  
1 East Bockman Way, #204  
Sparta, TN 38583  
(931) 836-3788

**Circuit Court Clerk**  
Beverly Jolley  
111 Depot Street, Ste. 1  
Sparta, TN 38583  
(931) 836-3205

**Highway Superintendent**  
Clay Parker  
Medic Drive  
Sparta, TN 38583  
(931) 837-2110

**White County Government Offices**

DeKalb County Courthouse  
1 East Bockman Way  
Sparta, TN 38583

**Human Resources**  
826 Valley View Drive  
Sparta, TN 38583  
(931) 738-6255

**County Clerk**  
1 East Bockman Way, #115  
Sparta, TN 38583  
(931) 836-3712

**Major Employers**

Rhythm North America  
Saint Thomas Highlands Hospital  
Tri-State Distribution, Inc.  
Wal-Mart  
White County Government  
Jackson Kayak  
Life Care Center of Sparta  
LTD Parts, Inc.  
Moeller Marine Prod.  
Precision Molding Services  
White County School System
Public Safety
Law Enforcement
Sheriff's Office
111 Depot Street, Ste. 4
Sparta, TN 38583
(931) 836-2700

Sparta Police Department
323 Bockman Way
Sparta, TN 38583
(931) 836-3734

Fire Departments
Sparta Fire Department
715 North Spring Street
Sparta, TN 38583
(931) 738-7380

Eastland Volunteer Fire Department
221 Eastland Cemetery Road
Sparta, TN 38583
(931) 935-8200

North End Volunteer Fire Department
115 South Bunker Hill Road
Sparta, TN 38583
(931) 761-3657

Cassville Volunteer Fire Department
227 Cassville Lane
Sparta, TN 38583
(931) 761-2476

Central View Volunteer Fire Department
14462 Old Kentucky Road
Walling, TN 38587
(931) 761-7222

Mt. Gilead Volunteer Fire Department
2351 Sullivan Knowles Road
Sparta, TN 38583
(931) 738-2106

Doyle Volunteer Fire Department
5220 McMinnville Hwy.
Doyle, TN 38559
(931) 657-2079

Bondecroft Volunteer Fire Department
8023 Crossville Hwy.
Sparta, TN 38583
(931) 935-3170

Hickory Valley Volunteer Fire Department
3680 Hickory Valley Rd.
Sparta, TN 38583
(931) 738-3622

Central View Volunteer Fire Department
124 Montgomery Road
Sparta, TN 3858
(931) 738-8511

Health Care
Hospitals
Saint Thomas Highlands Hospital
401 Sewell Drive
Sparta, TN 38583
(931) 738-9211

Home Health Services
Careall Home Care Services
605 N Spring Street
Sparta, TN 38583
(931) 837-9014

R H Care
501 Mose Drive
Sparta, TN 38583
(866) 316-6023

Par Total Mobility
501 Mose Drive
Sparta, TN 38583
(931) 738-4433
**Home Health Services Cont.**

**NHC HomeCare**  
456 Vista Drive  
Sparta, TN 38583  
(931) 836-2713

**SunCrest Home Health**  
7 Cook Street  
Sparta, TN 38583  
(931) 836-6255

**Retire At Home Senior Care**  
142 N Main Street  
Sparta, TN 38583  
(931) 837-7472

**Dentists**

**Flint Bryan, DDS**  
439 Sewell Drive  
Sparta, TN 38583  
(931) 738-9316

**Pratt Larry, DDS**  
223 N Spring Street  
Sparta, TN 38583  
(931) 836-8182

**Haston Waymon, DDS**  
9 Hampton Drive A  
Sparta, TN 38583  
(931) 836-2157

**Highlands Dental**  
18 S Spring Street  
Sparta, TN 38583  
(931) 836-2416

**Boston Greg, DDS**  
124 S Main Street  
Sparta, TN 38583  
(931) 836-2717

**Walling Dental Center**  
11765 McMinnville Hwy  
Walling, TN 38587  
(931) 686-4096

**Clinics**

**Churchill Medical**  
133 Churchill Drive #A  
Sparta, TN 38583  
(931) 836-3262

**Cornerstone Family Medicine**  
433 Sewell Drive  
Sparta, TN 38583  
(931) 739-3000

**Cumberland Family Care**  
457 Vista Drive  
Sparta, TN 38583  
(931) 738-3383

**Fast Pace Urgent Care Clinic**  
150 Sam Walton Drive #600  
Sparta, TN 38583  
(931) 739-4000

**Life Care Center of Sparta**  
508 Moose Drive  
Sparta, TN 38583  
(931) 738-9430

**Medical Consultants of Sparta**  
439 Sewell Drive  
Sparta, TN 38583  
(931) 836-6461

**TLC Family Care**  
705 Howard Street.  
Sparta, TN 38583  
(931) 739-0048

**Walk-In Clinic of Sparta**  
396 N Spring Street  
Sparta, TN  
(931) 836-2228

**White County Community Health**  
435 Sewell Drive #B  
Sparta, TN 38583  
(931) 738-9140
**Clinics Cont.**

White County Emergency Medical
208 Medic Drive
Sparta, TN 38583
(931) 836-2899

White County Medical Associates
421 Sewell Drive
Sparta, TN 38583
(931) 738-4595

White County Specialty Clinic
457 Vista Drive
Sparta, TN 38583
(931) 738-2504

**Other health services**

Health Connect America Inc
755 Millers Point Rd
Sparta, TN 38583
(931) 837-604

A & D Early Intervention Program
Public Square
Sparta, TN 38583
(931) 837-2371

Cumberland Physical Therapy
131 Bockman Way
Sparta, TN 38583
(931) 837-2221

Central Tennessee Foot & Ankle
415 Sewell Drive
Sparta, TN 38583
(931) 738-1026

MooreEyes Family Vision Center
25 N Main Street
Sparta, TN 38583
(931) 836-2235

Clean Heart Crisis Pregnancy Center
17 East Maple Street
Sparta, TN 38583
(931) 837-5050

Eye Care Associates of Sparta
455 Vista Drive
Sparta, TN 38583
(931) 836-6433

Olds Chiropractic Clinic
9 Cook Street
Sparta, TN 38583
(931) 836-2121

**Hospice Services**

Life Care Center of Sparta
508 Mose Drive
Sparta, TN 38583
(931) 738-9430

**Durable Medical Equipment**

Richardson Medical, LLC
651 N Edgewood Drive
Sparta, TN 38583
(931) 260-7643

RX Home Medical Equipment
461 N Spring Street
Sparta, TN 38583
(931) 836-6387

Pro Air Medical
501 Mose Drive
Sparta, TN 38583
(888) 300-3202
Health Department
Tennessee Department of Public Health
https://www.tn.gov/health

White County Health Department
135 Walker Street
Sparta, TN 38583
(931) 836-2201

Major Programs:
Public Health Clinics
Children’s Special Services (CSS)
Health Education: provide educational services to patients, schools, and community groups upon request.
Immunization (shots and vaccines)
Supplemental Nutrition
Wellness Programs
Prenatal care
Primary care
Women, infants and children (WIC): vouchers to buy nutritious foods are issued to women who are pregnant or breastfeeding and children under five years of age who are at nutritional risk and meet income guidelines. Training and educational services to WIC participants.
Hotlines

Emergency
911
National Suicide Prevention Lifeline
800-273-TALK or 800-237-8255
National Runaway Safe Line
1-800-RUNAWAY
National Centers for Disease Control
1-800-232-4636
Gay, Lesbian, Bisexual and Transgender National Hotline
1-888-843-4564
HIPS Hotline
1-800-676-HIPS
National Sexually Transmitted Disease Hotline
1-800-227-8922
Women Alive
1-800-554-4876
AIDS Info
1-800-HIV-0440
Project Inform
1-800-822-7422
DMRS Investigations
1-888-633-1313
Mobile Crisis
1-800-681-7444
Domestic Violence
1-800-356-6767

Alcohol Hotline
1-800-331-2900
Alcohol Treatment Referral Hotline
1-800-252-6465
National Drug Abuse Hotline
1-800-662-4357
Poison Control
1-800-942-5969
National Homeless Hotline
1-800-231-6946
National Elder Abuse Hotline
1-800-252-8966
Veterans Crisis Line
800-273-8255
National Youth Crisis Hotline
800-442-HOPE (4673)
National Missing Children Hotline
1-800-235-3535
National Sexual Assault Hotline
1-800-656-4673
Spanish Domestic Violence Hotline Number
1-800-942-6908
Poison Control Center
1-800-222-1222
Community, Civic, Non-Profit Organizations

Basic Needs Assistance
Gracemoor
5SW Maple, Sparta, TN 38583
(931) 837-7233
Services: Gracemoor Administration is a privately held company in Sparta, TN
Categorized under Social Service and Welfare Organizations.

Sparta White County Help Center
21 N Main Street
Sparta, TN 38583
(931) 836-2329

Housing
Serenity Pointe Inc
650 N Spring Street
Sparta, TN 38583
http://www.serenypointe.org/
Services: affordable homes program - funded by the neighborhood stabilization program,
foreclosures are purchased and redeveloped then provided as affordable housing individuals
that meet certain criteria are eligible to rent these affordable homes thus reducing the
homeless population and helping the less fortunate.

Women’s Services
Daughters of the American Revolution (Sparta TN chapter)
462 Gladstone Acres Rd
Sparta, TN 38583
Services: The DAR, founded in 1890 and headquartered in Washington, D.C., is a non-profit,
non-political volunteer women's service organization dedicated to promoting patriotism,
preserving American history, and securing America's future through better education for
children.

General Federation Of Women’s Club
114 Joshua Dr
Sparta, TN 38583
(931) 739-2847
Services: The General Federation of Women’s Clubs is an international women’s organization
dedicated to community improvement by enhancing the lives of others through volunteer
service.
Community, Civic, Non-Profit Organizations

Women's Services Continued
Mom's Club (Sparta Chapter)
4197 Burgess Falls Rd
Sparta, TN 38583
Services: We are a support group designed just for you, the at-home mother! You are interested in the world around you, want a variety of activities for you and your children, and are proud of your choice of at-home mothering for your families.

Foundations
Scotts Gulf Wilderness Foundation Inc
Team Legacy Foundation

Senior Services
White County Comprehensive Multipurpose Senior Citizens Inc
321 E Bronson St
Sparta, TN 38583
Services: The mission of the White County Comprehensive Multipurpose Senior Citizens, Inc. is to encourage Seniors to participate in the Center's programs and operations in order to meet individual basic needs and enhance their continued growth and development.

Economic Development Organizations
White County Chamber of Commerce
16 W. Bockman Way
Sparta, TN 38583
(931) 836-3552
Services: The Chamber is funded in part by the City and County, and in part by membership. These funding investments from the local governmental entities allow the Chamber to provide services at a reduced cost to the community. These services include operating the Visitor Center, responding to relocation and visitor request for information (currently 500+ a month), tracking demographics, providing existing industry and business support and resources, marketing the city and county to tourists and potential residents, as well as recruitment of new industry and business.
Church Outreach Ministries
Mountain Faith Mission
PO Box 433
Sparta, TN 38583
http://mountainfaithmission.com/
Mountain Faith Mission of Haiti, is an independent evangelical mission work founded by Rev. Lee Carroll and his wife Molly. They first entered Haiti in the late 1940’s with their young children Paul and Naomi. After spending some time learning the language and working with another mission, the Carroll’s answered the call to move into the Central Plateau region of Haiti to begin planting churches.

Samaritan Inn And Caribbean College Of The Bible Inc.
2373 Tollisontown Rd
Sparta, TN 38583

Community Service Organizations
United Givers Fund of White County
PO Box 551
Sparta, TN 38583
Services: Fund Raising Organization That Cross Categories includes Community Funds/Trusts and Federated Giving Programs) e.g. United Way (T70)

White County Genealogical-Historical Society
1 E. Bockman Way, # 304 Courthouse
Sparta, TN 38583
Services: The White County Genealogical-Historical Society was organized at a meeting on Thursday October 7, 1993. The purpose of this society is to bring together those people interested in their family genealogy and the history of White County.

Cryptic Masons of Tennessee
216 Oak Street
Sparta, TN 38583

Friends of Virgin Falls
Po Box 6206
Sparta, TN 38583
Services: Organizaion dedicated to the preserverance of the Virgin Falls State Natural Area located in White County TN.
Children and Youth Organizations
White County High School Band Boosters
2195 Old Kentucky Road
Sparta, TN 38583
Services: White County High School Band Boosters is an organization designed to support and assist with the White County High School Band.

Sparta Little League Baseball Inc.
46 S Harris St
Sparta, TN 38583
Services: Sparta Little League Baseball is part of the larger and very well known organization Little League International. Little League is a program of service to youth. It is geared to provide an outlet of healthful activity and training under good leadership in the atmosphere of wholesome community participation.

Behavioral and Addiction Services
White County Anti-Drug Coalition
PO Box 902
Sparta, TN 38583
(931) 269-3500
Services: The mission of the White County Anti-Drug Coalition is to form partnerships between people and organizations to prevent and reduce alcohol and substance abuse and related issues in White County, Tennessee.

Mary Schott Turner Foundation Inc.
PO Box 935
Sparta, TN 38583
Services: Mary Scott Turner Foundation is a non-profit organization that provides a building where recovery groups have a safe haven to meet. Our mission is to spread the message that if you are having trouble with drugs or alcohol, there is hope.

Other Groups
International Association Of Lions Clubs
Sparta Rescue Squad
White County Humane Society Inc.
Union Cemetery Trust Fund Inc.
Tennessee Order Of The Eastern Star
Delta 17 Vietnam Marines Inc
American Legion
Daisys Legacy Inc
**Parks and Outdoor Recreation**
- Burgess Falls
- Fall Creek Falls
- Rock Island
- Bridgestone Centennial Wilderness Area
- Virgin Falls Pocket Wilderness Area
- White County Recreational Complex
  - 4201 Smithville Highway
  - Sparta, TN 38583

**Education Resources**

**Libraries**
- White County Public Library
  - 11 North Church Street
  - Sparta, TN 38583
  - (931) 836-3613

**Public Schools**
- BonDeCroft Elementary
  - 8095 Crossville Hwy
  - Sparta, TN 38583
  - (931) 935-2359

- Cassville Elementary School
  - 261 Will Thompson Road
  - Sparta, TN 38583
  - (931) 761-2277

- Central View Elementary School
  - 14484 Old Kentucky Road
  - Walling, TN 38587
  - (931) 761-2907

- Doyle Elementary School
  - 174 W Gooseneck Road
  - Doyle, TN 38559
  - Phone: (931) 657-2287

- Findlay Elementary School
  - 576 Hale Street
  - Sparta, TN 38583
  - (931) 738-2412

- Northfield Elementary School
  - 570 S Bunker Hill Road
  - Sparta, TN 38583
  - (931) 761-7979

- Woodland Park Elementary School
  - 88 Panther Drive
  - Sparta, TN 38583
  - (931) 738-3505

- White County Middle School
  - 300 Turntable Road
  - Sparta, TN 38583
  - (931) 738-9238

- White County High School
  - 267 Allen Drive
  - Sparta, TN 38583
  - (931) 836-3214

- White/Van Buren Vocational School
  - 275 Allen Drive
  - Sparta, TN 38583
  - (931) 836-8140

**Private Schools**
- Indian Mound High School
  - 3916 Indian Mound Rd
  - Sparta, TN 38583
  - (931) 761-5335

**Secondary Education**
- Motlow Community College
  - 603 Roosevelt Drive
  - Sparta, TN 38583
  - (931) 837-3341
**Child Care Centers**

- **Doyle Elementary Pre-K**
  174 W. Gooseneck Road
  Doyle Tn 38859
  (931) 657-2287

- **Findlay Elementary Pre-K**
  576 Hale Street
  Sparta Tn 38583
  (931) 738-2412

- **Bondecroft Head Start**
  9020 Crossville Hwy
  Sparta Tn 38583
  (931) 935-8420

- **Northfield Elementary Pre-K**
  570 S Bunker Hill Road
  Sparta TN 38583
  (931) 761-7979

- **Sparta Head Start Center**
  430 N Spring Street
  Sparta TN 38573
  (931) 836-2615

- **Tender Care Preschool, LLC**
  958 McMinnville Hwy
  Sparta TN 38583
  (931) 739-8145

- **Woodland Park Elementary**
  80 Panther Drive
  Sparta TN 38583
  (931) 738-3505

- **Cassville Elementary Pre-K**
  261 Will Thompson Road
  Sparta TN 38583
  (931) 761-2277

**Museums, Attractions, Festivals, and Events**

**Bridgestone Firestone Centennial Wilderness WMA**
Known as the “Grand Canyon of the South,” full of wild wonders, waterfalls and worry-free fun, the Bridgestone Firestone Centennial Wilderness WMA offers breathtaking vistas and awe-inspiring landscape. Enjoy hiking and primitive camping all overlooking gorgeous gorges and waterfalls.

**Coal Miner Railroad Section House Museum**
Discover the rich history of coal, the ‘Black Gold’ found deep within the earth at a very unique museum in possibly the last remaining section house within the state of Tennessee. Listed on the National Register of Historic Places, the Nashville, Chattanooga, and St. Louis Railway Section House is impressive before you even step through the doors.

**Historic Downtown Sparta Liberty Square**
Quaint, historic buildings and shops, restaurants, antiques and art with a yesterday flavor of hometown. Visit beautiful Historic Liberty Square in Sparta. Lester Flatt Memorial – This unique monument pays homage to Lester Flatt, the “Granddaddy of Bluegrass.” American Legion Building serves as home to the White County Military Museum, and have your photo made in front of the historic Oldham Theater with its classic Art Deco styling.
Museums, Attractions, Festivals, and Events Cont.

The Rock House Famous Stage Stop
The Rock House Shrine a famous stage coach stop and early American frontier home is located on scenic Hwy 70E 4-miles from Sparta along the old wilderness trail and historic “Broadway of America”.

Walking Tour of Historic District
Take a walk through time as you meander around the streets of the Historic District listed on the National Registry of Historic Places. Discover architectural jewels in beautiful Sparta Tennessee. Brochure available at the Chamber.

Military Museum
Located in the American Legion Building on the square. Beautifully restored historic building on Liberty Square, downtown Sparta, with a banquet room available for rental, the museum houses a rich display of America’s military history.

Civil War Trail
As part of the multi-state Civil War Trail System, Tennessee is remembering the sesquicentennial of the Civil War. Two markers interpret some of the local action. The White County Gateway marker is located on the southwest corner of the Courthouse grounds and notes the location of battles, skirmishes and other Civil War era places of interest.

Sparta Drive In Movie Theater
Drive on into yesteryear, pull up facing the big screen and enjoy the latest Hollywood blockbusters in the family atmosphere of a classic Drive-In Theater. Bring a blanket, or relax in the comfort of your vehicle, before the show stretch your legs, throw around a Frisbee or enjoy a great big “Full Moon Burger” at the Sparta Drive In concession stand - anyway you want.

Upper Cumberland Quilt Trail - Sparta-White County
Take a tour of the county and you will notice large colorful quilt blocks adorning many country barns. All different and unique, with many colors and styles of blocks. The stories about some of the quilt pattern histories can be found in the Quilt Trail brochure. What started as a way to honor a grandmother has become a new tradition. More than 400 of these blocks are scattered across the Upper Cumberland, with more being ‘stitched’ together every week.
Churches and Religious Organizations

Bear Cove Baptist Church
Bethel Freewill Baptist
Bon De Croft Baptist Church
Calvary Baptist Church
Center Point Baptist Church
Cherry Creek Baptist Church
Community Freewill Baptist Church
Doyle First Baptist Church
Faith Baptist Church
First Baptist Church - Sparta
Freedom Baptist Church
Grace Baptist
Greenwood Baptist Church
Gum Spring Baptist Church
Hampton’s Crossroads Baptist
Hensley Chapel Freewill Baptist
Hickory Valley Baptist Church
Hill Road Baptist Church
341 Back Bone Road
Laurel Hill Baptist Church
Liberty Baptist Church
Macedonia Baptist
New Hope The Baptist Church
Ole Bethel Baptist
Pistole Baptist Church
Pleasant Hill Baptist
Quebeck Baptist Church
Ridgedale Freewill Baptist
Sparta First Freewill Baptist
Spring Hill Baptist
Taylor's Providence Freewill Baptist
Valley View Baptist Church
Yankeetown Freewill Baptist Church
DeRossett Brethren In Christ
St. Andrews Church
El-Shaddai Ministries
First Christian Church
Athens Church of Christ
Bethlehem Church of Christ
Big Springs Church of Christ
Central Church of Christ
Cherry Creek Church of Christ
Church of Christ at Bethel
Church of Christ at Doyle
Church of Christ at Lansden
Church of Christ at Roberts Street
Church of Christ at Walling
Corinth Church of Christ
Cumberland Heights Church of Christ
DeRossett Church of Christ
Eastland Church of Christ
Findlay Church of Christ
Friendship Church of Christ
Hebron Church of Christ
Jericho Church of Christ
North Sparta Church of Christ
Oak Grove Church of Christ
Oakwood Street Church of Christ
O’Connor Church of Christ
Plainview Church of Christ
Taft Church of Christ
United Church of Christ
West Sparta Church of Christ
Black Oak Church of God
Bon Air Church of God
Doyle Church of God
East Sparta Church of God
Haston’s Chapel Church of God
North Sparta Church of God
Ravenscroft Church of God
Shiloh Church of God of Prophecy
Sparta Church of God of Prophecy
Battle Front Ministries
Golden Mountain Ministries
Grace and Peace Ministries
The Lord's Chapel
Upper Room Revival Center
Hide Interdenominational
Life and Praise Worship Center
Praise Restoration Center
The Rock Community Church
Zoe Life Church
Kingdom Hall
Almyra United Methodist Church
Bon Air Methodist Church
Cummingsville United Methodist
Doyle United Methodist Church
Findlay United Methodist
First United Methodist Church
Fraser's Chapel United Methodist
Kynett United Methodist Church
Churches and Religious Organizations
Cont.
Mt. Carmel United Methodist
Peeled Chestnut United Methodist
Wesley Chapel Church
Doyle Church of the Nazarene
Sparta Church of the Nazarene
Community Fellowship Church
Copeland Chapel Church
First United Presbyterian
Church of Christ at Eaton
First Community Church of Sparta
The Lighthouse Church
Truth Church
Apostolic Life United Pentecostal Church
The Pentecostals of Sparta
Blue Spring Presbyterian
Old Zion Cumberland Presbyterian
Robinson Chapel Presbyterian
Lost Creek United Methodist

Sources
City-data.com
Internet research
Wikipedia:
https://en.wikipedia.org/wiki/White_County,_Tennessee
White County Website:
http://www.whitecountytn.gov/
Sparta City Website:
http://www.spartatn.gov/
Radio-Locator:
https://radio-locator.com/cgi-bin/locate?select=city&city=Sparta&state=TN&band=Both&dx=0&sort=freq
UCHRA Website:
http://www.uchra.com/whitecounty.html
Great-nonprofits
https://greatnonprofits.org/org/white-county-anti-drug-coalition-inc
White County CD website:
https://whitecountyecd.com/
Childcare Center:
https://childcarecenter.us/county/white_tn
To update or add information, complete the form below

Name of Organization:

Contact Name:

Phone #: Fax #:

Email:

Web page:

Mailing Address:

List services:

Is there a cost for services _____Yes _____No

Are there special requirements to receive your services: _____Yes _____No

If yes, please explain

What are your business hours:

Any additional information needed to understand your resource?

Submit updated information to: Shan.Williams@ascension.org
Community Health Needs Assessment for White County

Completed by Saint Thomas Highlands Hospital in partnership with:

Stratasan